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DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

Prepared by:
H. R. Garner, MSB No. 4754
Attorney at Law
283 Loshier Street
Hernando, MS 38632
662-429-4411

Returned to:
H. R. Garner, MSB No. 4754
Attorney at Law
283 Loshier Street
Hernando, MS 38632
662-429-4411

REVOCATION OF LIVING WILL

OF

FREIDA BROWN SEXTON

I, Freida Brown Sexton, Declarant, having executed a Living Will on the 14th day of November, 1997 regarding by decisions and choices concerning my healthcare pursuant to Mississippi Code Annotated Section 41-41-207 provides that individual may revoke all or part of a Living Will (also known as Advanced Healthcare Directive), other than designation of an agent, at any time and any manner that communicates an intent to revoke. An individual may revoke the designation of an agent only by a signed writing or by personally informing the supervising Healthcare Provider. I do hereby revoke all or these parts of the Living Will.

Attached herewith is a copy of the Living Will of Freida Brown Sexton and marked Exhibit "A" and made a part hereof as though fully set forth in words and figures.

This is my written revocation as indicated above of my Living Will and is provided to all persons to whom I have provided a copy of my Living Will.

This the 16th day of September, 2009.



Freida Brown Sexton
1879 Ready Drive
Hernando, MS 38632

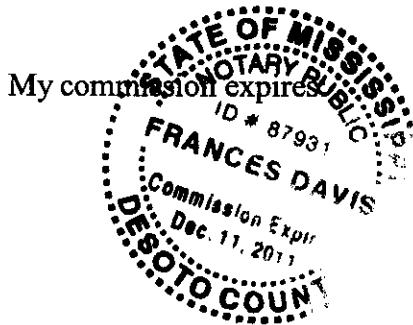
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STATE OF MISSISSIPPI
COUNTY OF DESOTO

This day personally appeared before me, the undersigned authority in and for said County and State, the within named, Freida Brown Sexton, who being duly sworn acknowledged signing and executing the above and foregoing Revocation of Living Will on the day and date therein mentioned as a free and voluntary act and deed and for the purpose therein expressed.

Given under my hand and official seal of office this the 16th day of September, 2009.

Frances Davis
Notary Public

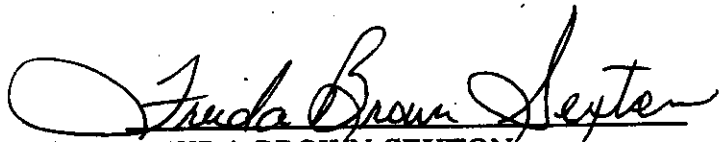


COPY

**LIVING WILL
OF
FREIDA BROWN SEXTON**

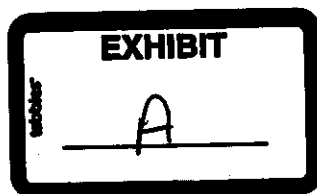
DECLARATION made on 14th day of November, 1997, by FREIDA BROWN SEXTON of 5925 Southridge, Olive Branch, Mississippi, Social Security number 415-96-3688.

I, FREIDA BROWN SEXTON, being of sound mind, declare that if at any time I should suffer a terminal physical condition which causes me severe distress or unconsciousness, and my physician, with the concurrence of two (2) other physicians, believes that there is no expectation of my regaining consciousness or a state of health that is meaningful to me and but for the use of life-sustaining mechanisms my death would be imminent, I desire that the mechanisms be withdrawn so that I may die naturally. However, if I have been diagnosed as pregnant and that diagnosis is known to my physician, this declaration shall have no force or effect during the course of my pregnancy. I further declare that this declaration shall be honored by my family and my physician as the final expression of my desires concerning the manner in which I die.


FREIDA BROWN SEXTON

I hereby witness this declaration and attest that:

- (1) I personally know the Declarant and believe the Declarant to be of sound mind.



(2) To the best of my knowledge, at the time of the execution of this declaration, I:

- (a) Am not related to the Declarant by blood or marriage,
- (b) Do not have any claim on the estate of the Declarant,
- (c) Am not entitled to any portion of the Declarant's estate by any will or by operation of law, and
- (d) Am not a physician attending the Declarant or a person employed by a physician attending the Declarant.

[Signature]
WITNESS

915 Ferncliff
ADDRESS

Southaven, MS 38671

426 35 76 86
SOCIAL SECURITY NUMBER

[Signature]
WITNESS

915 Ferncliff Cv.
ADDRESS

Southaven, MS 38671

428-25-4406
SOCIAL SECURITY NUMBER

STATE OF MISSISSIPPI)

COUNTY OF DESOTO)

PERSONALLY appeared before me, the undersigned authority in and for the said county and state, on this 14th day of November, 1997, within my jurisdiction, the within named FREIDA BROWN SEXTON, who acknowledged that she executed the above and foregoing instrument.

[Signature]
NOTARY PUBLIC

My Commission Expires:

September 21, 2001